

MATTINGLY PRODUCTS COMPANY, INC
P.O. BOX 105, NORTH ANSON, ME 04958
(207) 635-2719

Name _____
 (First) (Middle) (Last)

Address _____ How Long? _____
 (Street) (City) (State) (Zip Code)

Date of Birth _____ Social Security No. _____ Phone No. _____

Address _____ How Long? _____
 For Past (Street) (City) (State) (Zip Code)
 Three Yrs.

_____ How Long _____
 (Street) (City) (State) (Zip Code)

_____ How Long _____
 (Street) (City) (State) (Zip Code)

EXPERIENCE AND QUALIFICATIONS-DRIVE

STATE LICENSE NO. CLASS EXPIRATION DATE

LICENSE _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ET)	DATES FROM TO	APPROX. NO. OF MILES (TOTALS)
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STRAIGHT TRUCK _____

TRACTOR AND SEMI-TRAILER _____

OTHER _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
 (ATTACH ANOTHER SHEET IF MORE SPACE IS NEEDED)

DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
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LAST ACCIDENT _____

NEXT PREVIOUS _____

NEXT PREVIOUS _____

TRAFFICE CONVICTIONS AND FOREFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)
(ATTACH SHEET IF MORE SPACE IS NEEDED)

DATE	LOCATION	CHARGE	PENALTY
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A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES_____ NO_____

B. Has any license, permit or privilege even been suspended or revoked? YES_____ NO_____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

NOTE: DOT REQUIRES THAT EMPLOYMENT FOR AT LEAST 3 YEARS AND/OR COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS BE SHOWN.

LAST EMPLOYER: NAME_____

ADDRESS_____

POSITION HELD_____ FROM_____ TO_____ WAGE_____

REASON FOR LEAVING_____

SECOND EMPLOYER: NAME_____

ADDRESS_____

POSITION HELD_____ FROM_____ TO_____ WAGE_____

REASON FOR LEAVING_____

THIRD EMPLOYER:NAME_____

ADDRESS_____

POSITION HELD_____ FROM_____ TO_____ WAGE_____

REASON FOR LEAVING_____

WOULD YOU BE WILLING TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREENING? YES_____ NO_____

WOULD YOU BE WILLING TO A SUBMIT TO A PRE-EMPLOYMENT MEDICAL EXAMINATION? YES___ NO___

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTIRES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

DATE

APPLICANT'S SIGNATURE

NOTE: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.